

**TIVERTON POLICE DEPARTMENT**

20 Industrial Way, Tiverton, Rhode Island

**SITE #** (OFFICIAL USE ONLY)

**ALARM REGISTRATION**

1. Alarm is used for what purpose: (Check One) ☐ Residential ☐ Commercial
2. Name of Alarm Owner: \_\_\_\_\_  
Last First MI.
- Address: \_\_\_\_\_  
Street Apartment/Unit
- \_\_\_\_\_  
City State Zip ( ) Home Phone ( ) Cell Phone
3. Alarm Site Address:(If Different than above) \_\_\_\_\_
4. Business Name: (If Applicable) \_\_\_\_\_
5. This alarm is (Check One) ☐ Burglary ☐ Fire

**Secondary Contact Persons**

6. Name: (Primary) \_\_\_\_\_  
If the alarm owner cannot be contacted, the secondary contact person will be called.
- Address: \_\_\_\_\_  
Street Apartment/Unit
- \_\_\_\_\_  
City State Phone # ( )
- Cell Phone # \_\_\_\_\_
- Work Phone # \_\_\_\_\_
7. Name: (Alternate) \_\_\_\_\_  
Contact Person must be different than Alarm Owner(s)
- Address: \_\_\_\_\_  
Street Apartment/Unit
- \_\_\_\_\_  
City State Zip Phone # ( )
- Cell Phone # \_\_\_\_\_
- Work Phone # \_\_\_\_\_

**Alarm Company**

8. Is your alarm monitored by an Alarm Company? Yes ☐ No ☐
9. Name: \_\_\_\_\_
- Phone # ( ) \_\_\_\_\_

**Complete Information on Reverse Side**

**10. SPECIAL INSTRUCTIONS OR NOTES**

(Directions if the home or business is difficult to locate, dogs, swimming pools, other hazards, etc.)


**NOTICE:**

Alarm registration cannot be to a business or corporation name. All alarms must be registered as an individual user. Registration forms may be mailed to, or dropped off, at the Tiverton Police Department, c/o Records Division, 20 Industrial Way, Tiverton, RI 02878

**\*\*\*PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS \*\*\***

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**TPD Personal who received registration:** \_\_\_\_\_

**FEE : \$10.00**    **Date Received:** \_\_\_\_\_    **Time:** \_\_\_\_\_